

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

8542

-62-036486

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

VS 300
Rev. 4/59

1

3

4

5

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7

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9

10

110.50

125-3

13

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY ATTEST OF

1. ~~FILED~~ SEP 17 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

JEFFERSON

c. CITY

OR TOWN

FESTUS

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

ROUTE 1

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

PAUL

MEISTER

4. DATE

OF DEATH

Month

Day

Year

AUG

31

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

DEC 25 1926

9. AGE (last birthday)

35

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST CENTRIFUGAL MFG CO.

10b. KIND OF BUSINESS OR INDUSTRY

MISSOURI

11. BIRTHPLACE (City and state or country)

U-S-A

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

WILLIAM MEISTER

13b. MOTHER'S MAIDEN NAME

LENIGH CLARK

14. NAME OF HUSBAND OR WIFE

GEORGIA MEISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WAR 2

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address

1 GEORGIA MEISTER ROUTE 1 FESTUS MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured skull with cerebral edema; Multiple Fractures of the lower jaw, right forearm, and right leg; and shock suffered in automobile accident in the vicinity of Festus, Mo., Jefferson County, about 6:00 P.M. Aug. 29th 1962. Cause and Manner of same could not be determined.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

OPEN VERDICT

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 48 Festus, Jefferson, Missouri

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Missouri

21. I attended the deceased from _____ to _____ and last saw him alive on _____

Death occurred at _____

9:30 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

[Signature]

(Degree or title)

[Signature]

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

9-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

SEPT 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEMETERY

23d. LOCATION (City, town, or county)

JEFFERSON BARRACKS, MO.

(State)

24. FUNERAL DIRECTOR

Thomas Kutia

ADDRESS

2906 Gravois

25. DATE RECD. BY LOCAL REG.

SEP 4 1962

26. REGISTRAR'S SIGNATURE

[Signature]

26. REGISTRAR'S SIGNATURE

R. A. Smith, M.D.

Colonel Case

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4861

P. O. Address W. Lane 19, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.